National Institutes of Health, and the Agency for Care Policy and Research, to develop outcome standards and other measures to evaluate the quality of care provided to patients at the end of their lives.

This legislation also responds to the serious crisis in pain care. As documented by the Institute of Medicine, studies have shown that a significant proportion of dying patients experience serious pain despite the availability of effective pain treatment. In addition, the aggressive use of ineffectual and intrusive interventions at the end of life may actually increase pain and eliminate the possibility for a peaceful and meaningful end-of-life experience with family and friends. This bill will improve the treatment of pain for Medicare patients with life threatening diseases.

Currently, Medicare does not generally pay the cost of self-administered drugs prescribed for outpatient use. The only outpatient pain medications currently covered by Medicare are those that are administered by a portable pump. It is widely recognized among physicians treating patients with cancer and other life-threatening diseases that self-administered pain medications, including oral drugs and transdermal patches, are alternatives that are equally effective at controlling pain, less costly and more comfortable for the patient. To address this inadequacy in coverage, the bill requires Medicare coverage for self-administered pain medications prescribed for outpatient use for patients with life-threatening disease and chronic pain.

The bill also focuses on the need to develop models to improve end-of-life care. The bill provides funding for demonstration projects to develop new and innovative approaches to improving end-of-life care provided to Medicare beneficiaries. It also includes funding to evaluate existing pilot programs that are providing innovative approaches to end-of-life care.

Mr. Speaker, the legislation we are proposing seeks to improve the quality of care for individuals and their families experiencing the last stages of life so they may do so together with dignity, independence and compassion.

SUMMARY: ADVANCE PLANNING AND COMPASSIONATE CARE ACT

SECTION 1. TITLE

Sec. 2. Development of Standards to Assess End-of-Life Care

The HHS Secretary, through HCFA, NIH, and AHPR, shall develop outcome standards and measures to evaluate the performance and quality of health care programs and projects that provide end-of-life care to individuals.

Sec. 3. Study and Recommendation to Congress on Issues Relating to Advance Directive Expansion

HHS will study and report to Congress on ways to improve the uniformity of advance directives.

Sec. 4. Study and Legislative Proposal to Congress

HHS shall study and report to Congress on all matters relating to the creation of a national, uniform policy on advance directives.

Sec. 5. Expansion of Advance Directives

Individuals in hospitals, nursing homes and health care facilities will have an opportunity to discuss issues relating to advance directives with an appropriately trained individual. Advance directives must be placed prominently in a patient's medical record.

This section also ensures portability of advance directives, so that an advance directive valid in one state will be honored in another state, as long as the contents of the advance directive do not conflict with the laws of the other state.

Sec. 6. National Information Hotline for End-of-Life Decision-making

HHS, through HCFA, shall establish and operate directly, or by grant, contract, or interagency agreement, a clearinghouse and 24-hour hot-line to provide consumer information about advance directives and end-of-life decision-making.

Sec. 7. Evaluation of and Demonstration Projects for Medicare Beneficiaries

HHS, through HCFA, will evaluate existing innovative programs and also administer demonstration projects to develop new and innovative approaches to providing end-of-life care to Medicare beneficiaries. Also, the Secretary shall submit to Congress a report on the quality of end-of-life care under the Medicare program, together with any suggestions for legislation to improve the quality of such care under that program.

Sec. 8. Medicare Coverage of Self-Administered Medication for Certain Patients with Chronic Pain

Medicare will provide coverage for self-administered pain medications prescribed for outpatients with life-threatening disease and chronic pain. (These medications are currently covered by Medicare only when administered by portable pump).

RED BANK MEN'S CLUB 50TH ANNIVERSARY: ''UNITY—PAST, PRESENT, FUTURE''

HON. FRANK PALLONE, JR.

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 1999

Mr. PALLONE. Mr. Speaker, on Saturday, April 17, 1999, the members of the Red Bank, NJ, Men's Club will be celebrating their fiftieth anniversary with a formal dinner ball to be held at the PNC Arts Center in Holmdel, NJ. The theme for the evening, which will be chaired by Mr. Gary Watson, is ''Unity—Past, Present and Future.'' Two of the Red Bank area's leading citizens, James W. Parker, Jr., M.D., and Donald D. Warner, Ed.D., will be honored at the ball.

Dr. James W. Parker, Jr., was born in Red Bank, where he attended the public schools and began his lifelong membership in the Shrewsbury Avenue AME Zion Church. He attended Howard University, graduating in 1940 with a B.S. degree, and earning his M.D. degree in 1944. He also attained the rank of First Lieutenant in the U.S. Army. After serving his residency in Norfolk, Va., he came back home to Red Bank and opened a private practice. The Korean War interrupted his career on the home front, as Dr. Parker went to serve his country as a Captain in Korea with a Battalion Air Station on the front line, and later in Japan. After the war, he returned to private family practice, as well as serving on the medical staff at Monmouth Medical Center in Long Branch, NJ, and Riverview Medical Center in Red Bank.

Dr. Parker was married to Alice Williams Parker in 1944. They have two children and four grandchildren. His community involvement has been and continues to be extensive, including service to the YMCA, the Red Bank Board of Health, the American Red Cross, the Red Bank Board of Education, where he served as vice President, the Monmouth County Welfare Board, which he chaired, the Monmouth College Trustees Board, the Monmouth County Office of Social Services Board and the Red Bank Community Service Board.

Last year, Dr. Donald D. Warner retired after 23 years of service as Superintendent of the Red Bank Regional High School District. Dr. Warner began his long and distinguished career in education 40 years ago, starting out as a classroom teacher. He earned his Bachelor's Degree at Temple University and his Doctor of Education Degree at the Pennsylvania State University. Over the years, he has received school and community awards too numerous to mention. In his nearly a quarter-century in the Red Bank area, he has taken on significant community and professional responsibilities, serving on various boards of trustees, foundations and task forces in Monmouth County and throughout the State of New Jersey.

A native of Pennsylvania, Dr. Warner now lives in Tinton Falls, NJ, with his wife Mercedes, a teacher in the Tinton Falls District. The Warners' three children have all achieved impressive success—not surprising, given the commitment to hard work and excellence instilled in them by both of their parents. Despite his retirement, Dr. Warner has remained active in community affairs, while a scholarship being established in his honor will further his legacy as an educator by providing opportunities for students to expand their educational opportunities for years to come.

Mr. Speaker, the Red Bank Men's Club has been instrumental over the years in supporting youth through scholarships for higher education. Many members of the Club serve as mentors and tutors for youth in the community. I congratulate the leaders and members of the Red Bank Men's Club, and wish them many years of continued success.

INTRODUCTION OF H.R. 1150, THE JUVENILE CRIME CONTROL AND DELINQUENCY PREVENTION ACT

HON. MICHAEL N. CASTLE

OF DELAWARE

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 1999

Mr. CASTLE. Mr. Speaker, I am pleased to join with my colleague from Pennsylvania, Mr. GREENWOOD, to introduce H.R. 1150, the Juvenile Crime Control and Delinquency Prevention Act. It is essential that Congress join together to fight and reduce the rising rates of crime, particularly violent crime among children.

Our children are our most important resource. They are our future teachers, doctors, lawyers, engineers, and parents. We need to make sure that we do everything in our power to keep them safe from harm and prevent them from becoming involved in at-risk activities, such as drugs, alcohol abuse, and crime. In 1996 alone, there were over 100,000 arrests of children and youth under the age of 18 for violent crimes. Over 1,000 of those crimes were committed by those under the age of 10 and 6,500 were committed by youths between the ages of 10 and 12. In my home state of Delaware, one out of every five persons arrested in 1996 was a juvenile.

The key to lowering these statistics and stopping juvenile crime in its tracks is prevention and that is what we do in the Juvenile